

WHAT DO LOCAL HEALTH OFFICERS DO?

Common Roles and Responsibilities among
Washington State Local Health Officers

**Washington State Department of Health
Washington State Association of Local Public Health Officials
2/26/99**

BACKGROUND

RCW 70.05.050-70.05.070 requires that “each local board of health shall appoint a local health officer who shall be an experienced physician licensed to practice medicine and surgery or osteopathy and surgery” in the State of Washington. The health officer is supposed to act as the executive secretary to, and administrative officer for the local board of health and have the following powers and duties:

- (1) Enforce the public health statutes of the state, rules and regulations of the state board of health and the secretary of social and health services, and all local health rules, regulations and ordinances within his jurisdiction;
- (2) Take such action as is necessary to maintain health and sanitation supervision over the territory within his jurisdiction;
- (3) Control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his jurisdiction;
- (4) Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion and improvement of health within his jurisdiction;
- (5) Prevent, control or abate nuisances which are detrimental to the public health;
- (6) Attend all conferences called by the secretary of social and health services or his authorized representative;
- (7) Collect such fees as are established by the state board of health or the local board of health for the issuance or renewal of licenses or permits or such other fees as may be authorized by law or by the rules and regulations of the state board of health;
- (8) Take such measures as he deems necessary in order to promote the public health, to participate in the establishment of health educational or training activities, and to authorize the attendance of employees of the local health department or individuals engaged in community health programs related to or part of the programs of the local health department.

Based on this RCW, however, it is difficult to determine exactly what local health officers in Washington State do (or should do). The wording is vague. It covers the entirety of the work done by the local health jurisdiction. The local health officer himself/herself may be directly responsible for only a few of the activities but may play an oversight or assurance role for a much larger proportion of the work. Furthermore, the role of the health officer has shifted since this statute was written. In some jurisdictions, separate administrators now cover many of the management responsibilities for the local health jurisdiction with the health officer acting more as a medical/scientific advisor or consultant.

PURPOSE OF REPORT

To be most effective a health officer needs to have a good idea of his/her specific duties and responsibilities. These duties should be tailored to fit the health officer, the employment characteristics (e.g., hours employed each month), the health department, and the situation. The roles and responsibilities (including such things as relationships) should be spelled out and agreed upon by the health officer, the local board of health, and/or the chief administrator for the jurisdiction. Periodic evaluations should be performed to provide feedback, improve performance, and allow modification of duties to better match the health officer’s growing knowledge and experience and changing needs within the health jurisdiction.

This paper describes common themes around local health officer roles and responsibilities in Washington State. It is based on a 1998 survey of 23 of 25 local health officers in place at that time. Although this paper does not enumerate specific activities for each health officer, it is hoped that the content will

provide focus and direction in deciding upon specific duties and responsibilities. It may also help identify training/orientation that will be necessary early in the health officer's tenure. An appendix of sample job descriptions from current health officers is included.

COMMON ROLES AND RESPONSIBILITIES

Health officer roles and responsibilities vary widely from health jurisdiction to health jurisdiction. Specific activities depend, in large part, on amount of time the health officer is employed by the health jurisdiction each month, whether the health officer is the primary administrator for the jurisdiction, and other resources and staff available to do the work of the health officer. Nonetheless, there are a number of common themes with respect to health officer duties and responsibilities.

Infectious Diseases. Infectious diseases are a primary focus for all local health officers with an emphasis on consultation with health jurisdiction staff and community providers on the diagnosis, treatment, and prevention of these diseases. Reports of notifiable diseases/conditions (e.g., measles, hepatitis A) often initiate a consultation between the health officer and the reporting physician. At other times, physicians contact the health officer directly to get advice about the diagnosis and treatment of rare or unusual conditions or to identify resources for patient care.

In many health jurisdictions protocols have been developed to standardize decision making and responses to the occurrence (or suspected occurrence) of specific infectious diseases. These protocols provide guidance on specimen collection, case investigation, and/or control of spread of these diseases. Staff may apply these protocols independently or work more closely with the health officer in follow-up of a case.

Except for tuberculosis and travel medicine, few health officers provide direct medical care for infectious diseases as part of their health officer role. (NOTE: This does not include seeing patients in their private practice outside the health department setting.) Nonetheless, health officers often provide oversight or consult on patients seen in health department clinics. (see "Clinical duties" below.)

All health officers participate (at some level) in the investigation of possible infectious disease outbreaks. In many jurisdictions, the health officer takes a lead role in these investigations; in others, outbreaks are handled through a team approach with the health officer being part of the team. Common health officer contributions to outbreak investigation include 1) helping to define what constitutes an "outbreak", 2) supplying information on potential etiologies/sources, 3) searching out resources to investigate/control the outbreak, and 4) acting as primary spokesperson/contact for the health jurisdiction about the outbreak

Regulatory roles that the health officers play with respect to infectious diseases include tuberculosis detention and quarantine actions, determination of significant exposures to HIV/AIDS, and cease and desist orders to protect the public's health.

Non-infectious diseases and conditions. Although non-infectious diseases/conditions are the leading causes of morbidity and mortality in most communities, health officers generally have limited direct responsibilities in this area. This may relate, in part, to more limited health jurisdiction activities around non-infectious diseases/conditions, limited funding (with likely interruptions of support), and lack of statutory responsibilities for the health officer. Health officers do often play a role in community mobilization and health promotion/education activities for non-infectious diseases/conditions. As leaders in the public health community, it may be up to the health officer to "get the community excited" about these conditions and help decision makers and the public understand their impact on the community. Health officers are not infrequently asked to speak to the public and various organizations about non-

infectious diseases/conditions. Tobacco (and related health problems) seems to be a common topic; schools are a common audience.

On occasion, health officers do become involved in the evaluation of cancer/birth defect clusters, not dissimilar to their role in outbreak investigation.

Environmental Health. Environmental health issues are another primary focus of local health officers with an emphasis on regulatory responsibilities and communications. Regulatory responsibilities include septic/sewage systems permitting, restaurant closures, water system waivers, and drug lab clean-ups. The level and timing of health officer involvement in these regulatory responsibilities appear to vary from place to place. In some jurisdictions, staff follow protocols and make decisions for uncomplicated matters; the health officer acts as the “enforcer” or in the appeals process. In other jurisdictions, the health officer plays a greater role in day-to-day operations, reviewing the facts, participating in site visits, and making the initial decision. In all settings, the health officer is intimately involved in the more politically charged or technically complex decisions, often acting as the interface between opposing parties (e.g., county planning office, prosecuting attorney, health jurisdiction staff).

Of note, in some jurisdictions, health officers must work on environmental health issues with staff who are not part of the health department. This may necessitate spending additional time off-site with these individuals.

Maternal/child health. Although health officers often sit on a variety of community and other committees related to child health, their direct responsibilities related to maternal/child health seem to be limited. The exceptions include immunizations, where they are often asked for advice/information and may oversee health jurisdiction immunization clinics, and Child Death Review, an activity which is only beginning in many health jurisdictions and is not well defined.

Epidemiology/assessment. Although few health officers are directly involved in the collection and analysis of data, most health officers are involved in reviewing local health data trends, identifying priorities and emerging issues, and communicating this information to the appropriate audience in a format they will understand. Most health officer provide input to assessment staff and help to set priorities for assessment activities and in the review of reports and analysis.

Health officers have the statutory responsibility of vital statistics registrar for their jurisdiction. The majority of the local operations (e.g., issuance of forms, transmission of certificates to the state, issuance of burial permits), however, is usually handled by staff appointed as deputy registrars. Most health officers still review birth and death certificates keeping a focus on accuracy of cause of death and timeliness of filing. Where necessary, health officers interact directly with the attending physician to clarify causes of death or explore possible violations of the Vital Statistics Act. Some health officers use their review of death certificates as early indicators of emerging health problems in the community (e.g., flu outbreaks in nursing homes).

As noted above, most health officers play a significant role in notifiable diseases/conditions reporting and outbreak investigation. Some health officers also play a role in human subjects review and development of policies around protecting the confidentiality of health department data/information.

Clinical duties. Outside private practice, most health officers have limited clinical responsibilities to the health department. Some health officers do provide oversight to staff for health department clinics (e.g., public health nurses and physician assistants in STD, immunizations, tuberculosis, or travel medicine clinics) and are available (by phone) to consult with staff during the clinic or while reviewing and signing

patient charts after the clinic. Not uncommonly, however, health officers are asked to see patients on the spot to help determine the diagnosis and/or best treatment/management for the patient.

To help facilitate staff oversight for clinical care, patient care protocols have been developed in many health jurisdictions. Health officers help develop these protocols or are involved in their review. They also help review new care guidelines issued from CDC or other sources and determine how (if) to integrate them into health care provided by the local health jurisdiction.

As noted above, a number of health officers do take direct responsibility for the diagnosis and management of patients with tuberculosis. Other health officers are also involved in tuberculosis care in their community as they review results of chest X-rays, work to link patients with community providers, monitor patient progress on therapy, and manage preventive therapy for contacts of cases.

Administration/management. Except for the larger local health jurisdictions and two smaller health jurisdictions, most health officers have a limited role in direct administration/management (e.g., budget, finances, personnel). Even where the health officer is the director for the jurisdiction, “administrators” are often employed to take primary responsibility for these areas. Most health officers, however, do participate in their respective departmental or senior management teams and/or are often consulted or used as a sounding board. In addition, they play a large role in the development of public health policy related to infectious and non-infectious/chronic diseases, environmental health, and maternal and child health.

Liaisons to special groups. Health officers play a critical role in health jurisdiction activities through their development of relationships with key entities. The health officer often acts as a spokesperson for the jurisdiction and works to triage problems and get the right people/groups together. Health officers are typically involved in four key relationships:

- Local Board of Health/County Council - work with these groups usually takes one of two forms: 1) the health officer meets with the Board/Council on a routine basis or 2) the health officer participates only in discussions of specific issues of importance where their presence might carry some weight with the Board/Council. Health officers (and other staff) often need to educate Boards/Councils about public health when they did meet and introduce/push forward important public health issues.
- Medical community - “doctor-to-doctor” interactions help build credibility for the health department in the eyes of much of the medical community. Key to these relationships is the health officer’s ability to provide information and advice to practicing physicians and link him/her to needed answers/resources. Most health officers are members of their local medical society (if one exists). In some jurisdictions, the health officer plays a specific role in the society; in others, they are just members but take *impromptu* opportunities to educate society members about public health issues. Many health officers communicate routinely with the medical community through newsletters/bulletins and FAXes which provide relevant information on public health trends, feedback of surveillance data, and “heads ups” on emerging issues.
- Media - health officers typically play three roles around work with the media: 1) development of press releases on specific health issues or public health interventions, 2) contact person for the health jurisdiction with triaging of calls/requests to make sure they get to the right person, and 3) spokesperson for the health jurisdiction. In health departments with a greater number of staff, other persons might assume some of these roles, particularly if a media/public relations person is available; nonetheless, most health officers are called upon to play these roles with the media at some time.

- Community - health officers appear to have a large number and variety of contacts with the public including participation in the community health assessment process, membership on health-related committees, private and public speaking engagements, and individual requests for information. Many of these contacts revolve around specific societal concerns. In most instances, the health officer must be ready to provide factual information and medical/public health advice and help the audience understand this information.

CONCLUSION

It is clear that health officer roles and responsibilities vary from health jurisdiction to health jurisdiction and may vary over time; however common themes in their activities do exist:

- Infectious diseases and environmental health are primary areas of responsibility for all health officers, each with a number of regulatory responsibilities.
- Health officers are frequently required to interpret and communicate health data and information in a variety of settings and help identify priorities and emerging trends. As public health leaders in their communities, they often mobilize and educate the community and help them decide on actions to address problems.
- Health officers typically play a critical role in health jurisdiction activities through their relationships with key entities, particularly the Local Boards of Health/County Council, the medical community, the media, and the public.

With the wide variety of activities they must perform or oversee, the health officer can become overwhelmed. However, other staff at the health jurisdiction, members of the community, health officers from neighboring counties, and staff from the State Department of Health are resources to help get the job done. As stated by one health officer, “The health officer does not have to be the expert in everything (or anything for that matter). Rather [he/she] needs to know where to get information, who to contact, and when to ask for more help ... and to be able to do these things in quick order when the time arises.” A good health officer has to have a clear understanding of their roles and responsibilities, should assess the strengths of available resources and know how to tap into these resources, and be familiar with the community and how to get things done in the community. These accomplishments (early in their tenure) with a willingness to learn from everything and everyone seem to be keys to success for the local health officer in Washington State.